

11/02/01

31135 U.S. PTO

12-06-01

A/Reissue

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL

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Attorney Docket No.	3254:1002-028
First Named Inventor	Breslow
Original Patent Number	5,369,108
Original Patent Issue Date (Month/Day/Year)	Nov. 29, 1994
Express Mail Label No.	EV 044389584 US

## APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent  
format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy) (2 docs -  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52) 10 pgs total)
6. ☒ Power of Attorney (included in Declaration)
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53) (2 docs)  
☒ 37 C.F.R. § 3.73(b) Statement (2 docs)  
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)  
or large table
9. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes  
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender  
☐ Ribboned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS  
Citations
14. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. Other: ...Check for \$1994.....  
.....  
.....

## 18. CORRESPONDENCE ADDRESS



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NAME (Print/Type)	Susan M. Abelleira	Registration No. (Attorney/Agent)	42,252
Signature	Susan M. Abelleira	Date	November 02, 2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 3254.1002-028		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 17	Total Claims (37 CFR 1.16(i))	(B) 29	**** 9 =	x \$ _____ =		or	x \$ 18. = 162.	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 14	* 13 =	x \$ _____ =			x \$ 84. = 1092.	
Basic Fee (37 CFR 1.16(h))						\$ _____	\$740. _____	
Total Filing Fee						\$ _____	OR \$1994. _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	*	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee						\$ _____	OR \$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>08-0380</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1994</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
<p><u>November 02, 2001</u> Date</p>				<p><u>Susan M. Abelleira, 42,252</u> Signature of Applicant, Attorney or Agent of Record</p> <p>Susan M. Abelleira Typed or printed name</p>				

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Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 29	**** 9 =	x \$ _____ =	or	x \$ 18. =	162.	
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Basic Fee (37 CFR 1.16(h))				\$ _____			\$740.	
Total Filing Fee				\$ _____		OR	\$1994.	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$ _____		OR	\$ _____
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>08-0380</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1994</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
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<p>Susan M. Abelleira</p> <p>Typed or printed name</p>								

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